

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

APPLICANT(S)

FILED DATE

10 815630 4/2/05

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
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11						
12	1					
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21	1					
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50						
TOTAL IND.	4					
TOTAL DEP.	3					
TOTAL CLAIMS	7					

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TOTAL CLAIMS						